RI Department of Health
Office of Communicable Diseases
Group B Streptococcus

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Investigation – RI Definitions & Rules for Entering Investigation Information for Group B Streptococcus

Brief Description or Field Name	Description	RI Rules for Data Entry
INVESTIGATION		
Jurisdiction	The region responsible for the investigation	**Required; RI has only 1 jurisdiction**
Program Area	The organizational ownership of the investigation. Program areas (e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control.	**Required. This is pre-populated based on the condition.**
State Case ID	Open field to be used by OCD, if needed.	Leave blank.
Investigation Start Date	**Date the investigation was started.**	**Required**
Investigation Status	**The status of the investigation: Open or Closed.**	**Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed**
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Defaults to checked. OK to leave checked. Not in use by RI at this time
Investigator	**The name of the person who is responsible for the case investigation**	**Required. Quick code = first initial of first name +first 5 letters of last name.**
Date assigned to Investigation	**The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned**	**Required**
Type of insurance	Dropdown list	Not required
Weight		Not required
Height		Not required
Date of Report	**Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.**	**Required**
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health.	Leave Blank
Earliest Date Reported to County	Date first reported to County	Leave blank

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Brief Description or Field Name	Description	RI Rules for Data Entry
Earliest Date Reported to State	Date first reported to State	Not required
Reporter	Search table for who Reported the case	Not required.
Physician	Search table for patient's physician.	Not required
Was the patient hospitalized for this illness?	**Was the patient hospitalized for this illness?**	**Required**
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Not required
Illness End Date	The time at which the disease or condition ends.	Not required
Types of infection caused by organism	**Abscess (not skin) / Bacteremia without focus / Cellulitis / Chorioamnionitis / Empyema / Endocarditis / Endometritis / Epiglottitis / Hemolytic uremic syndrome (HUS) / Meningitis / Necrotizing fasciitis / Osteomyelitis / Other (specify) / Otitis media / Pericarditis / Peritonitis / Pneumonia / Puerperal sepsis / Septic abortion / Septic arthritis / Streptoccal toxic-shock syndrome (STSS) / Unknown**	**Required**
Bacterial species isolated from any normally sterile site	**Auto-fills with "Group B Streptococcus, invasive**	**Required**
Date first positive culture obtained:		**Required**
Sterile sites from which organism isolated	**Blood / Bone / Cerebral Spinal Fluid / Internal body site (specify) / Joint Muscle / Other normally sterile site (specify) / Pericardial Fluid / Peritoneal fluid / Pleural Fluid**	**Required (if applicable)**
Nonsterile sites from which organism isolated	**Amniotic fluid / Middle ear / Placenta / Sinus / Wound / Other (specify)**	**Required (if applicable)**
Did the patient have any underlying conditions?	Yes/No/Unknown If YES: Alcohol Abuse / Asthma / Atherosclerotic Cardiovascular Disease (ASCVD),CAD / Burns / Cerebral Vascular Accident (CVA),Stroke / Cirrhosis,Liver Failure / Cochlear implant / Complement Deficiency / CSF Leak (2 deg trauma/surgery) / Current smoker / Deaf,Profound hearing loss / Diabetes Mellitus / Emphysema,COPD / Heart Failure,CHF / Hodgkin's Disease / Immunoglobulin Deficiency / Immunosuppressive Therapy (Steroids, Chemotherapy,IVDU / Leukemia / Multiple Myeloma / Nephrotic Syndrome / None / Obesity / Organ Transplant (specify) / Other Malignancy (specify) / Other prior Illness (specify) / Renal Failure,Dialysis / Sickle Cell Anemia /	Not required

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Brief Description or Field Name	Description	RI Rules for Data Entry
	Splenectomy,Asplenia / Systemic Lupus Erythematosus (SLE) / Unknown	
Did the patient die from this illness?	**Did the patient die from this illness?**	**Required**
If < 6 years of age is the patient in daycare? (Daycare is defined as a supervised group of 2 or more unrelated children for > 4 hours/week)	**Yes/No/Unknown**	**Required**
Day Care Facility	Only appears if previous question is answered YES	Required (if previous question is answered YES)
Was the patient a resident of a nursing home or other chronic care facility at the time of first positive culture?	Yes/No/Unknown	Not required
Chronic Care Facility	Only appears if previous question is answered YES	Not required
Is this case part of an outbreak?	Denotes whether the reported case was associated with an identified outbreak.	Not required
Outbreak Name	Only appears if previous question is answered YES	Not required
Where was the disease acquired?	Indication of where the disease/condition was likely acquired.	Not required
Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Not required
Detection Method	Code for the method by which the public health department was made aware of the case.	Not required
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Not required
Case Status	**Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.**	**Required**
MMWR Week	**MMWR Week for which case information is to be counted for MMWR publication.**	**Required**
MMWR Year	**MMWR Year (YYYY) for which case information is to be counted for MMWR publication.**	**Required**
General Comments	Field which contains general comments for the	Enter if needed.

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Brief Description or Field Name	Description	RI Rules for Data Entry
	investigation.	
Was mother screened and treated at 35-37 weeks?	Yes/No/Unknown	Not required
Condition Specific Custom fields		
Age at Onset	**Subject's age at the time of the incident**	**Required**
LABORATORY REPORT		
Order Information		
Reporting Facility	**Enter the name of lab PERFORMING the Test. To include reference laboratories.**	**Required** **CAN'T FIND RI DEPARMENT OF HEALTH OR FATIMA HOSPITAL (only ancillary services)!**
Ordering Facility	The lab that PROCESSED the lab specimen. It could be the same as the Reporting Facility. (NOTE: The lab does not order the test.)	Required – WHAT IS THE DIFFERENCE BETWEEN PERFORM AND PROCESS?
Ordering Provider	**Name of the health care provider ordering the lab test.**	**Required**
Program Area	**Program Area associated with the condition. The program areas are: 1) General Communicable Diseases, 2) Hepatitis, 3) HIV/AIDS, 4) STD and 5) VPD (Vaccine Preventable Diseases)**	**Required (General Communicable Diseases)**
Jurisdiction	**The geographic area responsible for managing public health activities including intervention, prevention and surveillance. There is only 1 jurisdiction for RI**	**Required**
Share record with Guests for this Program Area and Jurisdiction	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Not Required
Lab Report Date	**Date the Lab released the lab report. Date test result is FINAL by lab**	**Required**
Date Received by Public Health	**Date Received by Public Health** **Over-ride pre-populated date with date received by public health.**	**Required**
Ordered Test	The ordered test name – MUST SEARCH Select "Culture" with correct specimen type (blood, CSF, etc)	Enter if available
Accession Number	A laboratory generated number that identifies the specimen related to this test.	Enter if available

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Specimen Source	**This is the medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.** **OPTIONS FOR BLOOD ARE:** **Blood – cord / Blood arterial / Blood bag / Blood capillary / Blood product unit / Blood venous**	**Required**
Specimen Site	This indicates the physical location, of the subject, where the specimen originated. Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc	Enter if available
Date Specimen Collected	**Date the specimen was collected.**	**Required**
Patient Status at Specimen Collection	Patient condition at the time that the specimen was taken	Enter if available
Test Result(s)		
Resulted Test	**Test that was performed. Always use the search table. Enter the test that was performed.** **The short search maps to the reporting facility selected. The long search links all.** **SEARCH ON STREP: Select STREPTOCOCCUS GROUP B (STREPTOCOCCUS AGALACTIAE) IDENTIFIED**	**Required**
Organism Name	**Organism Name field will appear when the selected Resulted Test Name has an "organism identified" indicator. Otherwise, Coded Result Value will appear.) (Enter the Organism name if the resulted Test is "Organism identified".**	**Required if the Resulted test identifies an organism**
Coded Result	**The coded result value for a test, i.e. "Positive".**	**Required if available**
Numeric Result	**The numeric value for a lab report. The user can enter the number or the number plus comparative operators (<, <=, >, >=) and separators and the system will parse the data in the proper fields in the database.**	**Enter if appropriate to test result.**
Text Result	The Lab Result Text format field allows user to enter a textual result values (i.e., values not included in the coded drop down).	Enter **ONLY** if no other fields will capture the result.
Reference Range from:	The reference range from value allows the user to enter the value on one end of an expected range of results for the test.	Enter if info available. Leave blank if not available.
Reference Range to	The reference range to value allows the user to enter the value on the other end of a valid range of results for the test.	Enter if info available. Leave blank if not available
Result Status	The Result Status is the degree of completion of the lab test.	Enter if available

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Brief Description or Field Name	Description	RI Rules for Data Entry
Result Comments	Free text area for comments having to do specifically with the lab result test.	Enter if needed.
Administrative		
Comments	User has option to enter free text comments about a lab report	Enter if needed.

Notes: